

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000154726

**Entity Name:** BAYCARE EMPLOYEE HEALTH CLINICS, LLC

**Current Principal Place of Business:**

2985 DREW STREET  
CLEARWATER, FL 33759

**Current Mailing Address:**

2985 DREW STREET  
CLEARWATER, FL 33759 US

**FEI Number:** 46-1533183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAYCARE HEALTH SYSTEM, INC.  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: SCOTT A. KIZER

03/02/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CHS HEALTH SERVICES OF FLORIDA, LLC  
Address 10701 PARKRIDGE BLVD - STE 200  
City-State-Zip: RESTON VA 20191

Title AMBR  
Name BAYCARE HEALTH SYSTEM, INC  
Address 2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: TOMMY INZINA

DIRECTOR

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date